

REQUEST FOR RED FLAG HEARING

IF YOU HAVE CHOSEN OPTION 1 OR 2, DO NOT COMPLETE THIS FORM!!!

This form is to be used **ONLY** for requesting a hearing at the NH Department of Safety, Bureau of Hearings as outlined in option 3 on IDIP-034 form. Please print or type all Information clearly and completely--incomplete information will delay or prevent the scheduling of a hearing. Mail this form to:

Department of Safety
Bureau of Hearings
10 Hazen Drive
Concord, NH 03305

TODAY'S DATE: _____

FROM: NAME: _____
(First Name, Middle Initial, Last Name)

DATE OF BIRTH: _____
(Month/Date/Year)

ADDRESS: _____

CITY/STATE/ZIP: _____

MAILING ADDRESS (IF different): _____

CITY/STATE/ZIP: _____

IDIP/WIDIP/PHASE II PROGRAM: _____

I disagree with the conclusion reached by my Impaired Driver Intervention Program/Weekend Impaired Driver Intervention Program / Phase II Program. I do not believe that I am at high risk to repeat the offense of driving while intoxicated. Please schedule me for a hearing. I understand that someone from that program will be notified of the hearing date and will appear to document why that program feels that I am at high risk to recidivate. Thank you

Signed: _____
(Your Signature)

Impaired Driver Intervention Program administered by the State of New Hampshire, Division of Alcohol and Drug Abuse Prevention and Recovery, Concord, NH 03301.